

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/		/	
2	/		/	
3	/		/	
4	/		/	
5	/		/	
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15	/		/	
16	/		①	
17	/		①	
18	/		①	
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20	/		①	
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49				
50				
TOTAL IND.	6		2	
TOTAL DEP.	18	↔	18	↔
TOTAL CLAIMS	24	↔	20	↔

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS